Name in Full

Certificate of Death

Edna G Airey

Died at Town Caulndge County Dorchester MARYLAND

Date 1898 Month Decemb Day 3

Age Y. 8 M. 9 D. 12

Native of Caulndge Md

Occupation ———

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number ~~of~~ children living

Husband of Wife

Father's Name Frank. C. Airey

Mother's Name Mary S Airey

Cause of Death: Primary Pulmonic 7

How long sick 5 Weeks

Immediate Pneumonia Typhoid type

Accident, Suicide, Homicide

Reported by B W Goldsborough

Address Caulndge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55660

Name in Full

Certificate of Death

Samuel E Collins

Died at Town: East New Market County: Dorchester MARYLAND

Date 189 8 Month: 12 Day: 31 Age Y. 70 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widowed~~ Widower

Husband of Julia E Collins,

~~Wife~~

Number of children living 8

Father's Name Silas Collins

Mother's Name Can't find out

Cause of Death: Primary Valvular disease of the heart 3 months &c last attack

Immediate Heart fails. Caused by Congestion of Liver Kidneys & Stomach

How long sick

~~Accident, Suicide, Homicide~~

Reported by Geo W Insley

Address E. N. Market

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Edwin Dashiell, Sr.

Town

Died near Cambridge

County

Dorchester

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
12	29	74				

Date 189 8

Age

Male — Female (struck)

White — Colored (struck)

Married / Single

Widow / Widower

Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death — Primary: Carbuncle 12 8

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Tricounty Co. News. 12-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79709

Name in Full

Certificate of Death

No name Hurley

Town: Cumberland County: Dorchester MARYLAND

Died at

Date 189 4 Month: Dec. Day: 11 - Age: Y. 5 M. 12 D. Native of Dorchester Co. Occupation

Male White [redacted] [redacted] [redacted]

[redacted] [redacted] [redacted] [redacted] [redacted]

Husband / Wife of

Father's Name: Wade H. Hurley Mother's Name: Eliza E. Reed

Cause of Death: Primary: Not known How long sick

Immediate: 161 [redacted]

Reported by: Guy Steele M.D.

Address: Cambridge Dorchester Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

This child was found dead in bed under following circumstances. It had been slightly feverished & indisposed for a day or two, but no doctor was called. Mother went to sleep midday night with child beside her, awoke about 5 o'clock a.m. to find it dead. Some symptoms as given I suspect pneumonia, but autopsy was refused by family & there was no marks or peculiar appearances to lead one to suspect anything but natural death.

Name in Full

Certificate of Death

John Jackson

Died at Town. Williamsburg County Dorchester MARYLAND

Date 189 Month Oct Day 14 | Age Y. 22 M. D. | Native of Md | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of ———
Wife

Father's Name Sam Jackson

Mother's Name ———

Cause of Death { Primary 1.61 | Immediate

How long sick

~~Accident~~, Suicide, ~~Homicide~~

Reported by Mrs Jackson Bro

Address

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 6606R

Attended by Dr. No doctor

of

Information contained in this certificate received from

of

W. L. Bradley

Name in Full

Certificate of Death

Adaline Lee

Town: near East New Market County: Dorchester Co. MARYLAND

Died at

Date 1898 Month 12 Day 2

Age Y. 24 M. — D. —

Native of Dorchester Co. Maryland

Occupation

~~Male~~ Female

~~White~~ Colored

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~ ~~Number of children living~~

Husband / Wife of John Lee — 19

Father's Name Mr Wesley Saunders

Mother's Name Sarah —

Cause of Death: Primary Malarial fever —

How long sick 2 months

Immediate Congestion of Liver

~~Accident, Suicide, Homicide~~

Reported by Geo P. Jones M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05965

Name In Full

Esther Maguire

Certificate of Death

Died at Madison Town, Dorchester County, MARYLAND

Date 189 9 Month 12 Dey 16 | Age Y. 3 M. D. | Native of | Occupetion

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name Ida

Cause of Death: Primary Pharyngeal laryngeal and nasal diphtheria | How long sick

Immediate | Accident, Suicide, Homicide

Reported by C. L. Smith M. D.

Address Madison Md.

Must be signed by physician, if any in ettendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 76898

Name in Full

Certificate of Death

Mary Norris

Died at Town Cambridge County Dorchester MARYLAND

Date 189 Month 12 Day 19 | Y. M. D. | Age | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Hamilton Norris

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bel Air Times 12-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Wm Payne

Certificate of Death

Died at Town: Near Hurlock County: Dorchester MARYLAND

Date 189 8 | Month: Dec | Day: 26 | Age: Y. 75 ~ M. D. | Native of: Md | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living: Six

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary: old age — How long sick: 15 Da

Immediate: Dropsy — Accident, Suicide, Homicide

OVER

Reported by

Address

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 66068

Attended by Dr. _____

of _____

Information contained in this certificate received from H. C. Bradley Undertaker

of Jacksboro

Name in Full

Certificate of Death

Samuel Smith.

Town | County

Died at Near E. N. Market | Dorchester | MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 8.	Dec.	13	Age 74		Md.	Farmer.

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~

Number of children living 7

Husband of ~~Wife~~ Louisa Milby

Father's Name Henry Smith

Mother's Name Mary Smith

Cause of Death: Primary 72 | How long sick 5 days

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by Harry F. Nicols, M.D.

Address Hurlock, Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Louise Thomas —

Certificate of Death

Town: Caulrage County: Dorchester

Died at Caulrage MARYLAND

Date 189 8 Month: December, Day: 4

Age Y. 3 M. 2 D.

Native of Caulrage Md

Occupation —

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~ Number ~~of children~~ living

Husband / Wife of —

Father's Name Robert O. Thomas

Mother's Name Susan Thomas

Cause of Death: Primary Pertussis 7 — How long sick 2 weeks —

Immediate Typhoid Pneumonia — Accident, Suicide, Homicide.

Reported by B W Goldsborough

Address Caulrage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 63968

Name in Full — Certificate of Death

Mrs. Carrie C. Van Dyne

Died 4 miles from Cambridge (Town) Dorchester (County) MARYLAND

Date 189 8 — Month 12 — Day 3 — Age Y. 65 M. — D. — Native of — Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ Wife of J. R. Van Dyne

Father's Name — Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Dorchester Standard

Address Cambridge 12-10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70708

Name in Full Carrie Comer Vandyne VAN DYNE

Certificate of Death

Died at Town Boundary Co. County Orchard in MARYLAND

Date 189 5 Month 12 Day 4 Age Y. 40 M. 3 D. 7 Native of Occupation Housewife

~~Male~~, Female | White, ~~Colored~~ | Married, ~~Single~~, Widow, Widower, ~~Divorced~~ | Number of children living one

~~Husband~~ Wife of John P. Vandyne

Father's Name Jacob DeWolf Mother's Name Morris

Cause of Death: Primary Bright's disease 97 How long sick

Immediate Heart failure Accident, Suicide, Homicide

Reported by John Vance.

Address Boundary Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

P. C. I.